

Eil	in this information t	o identify your or				1						
	in this information to											
Del	ebtor 1 Joseph M Gissinger											
1	otor 2 ouse, if filing)											
Uni	ted States Bankrupt	tcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA								
Cas	se number 20-	13220-AMC				Ch	eck if this is:					
(If kr	nown)						An amended filing					
L									ng postpetition cl following date:	napter		
0	fficial Form	<u> 1061</u>					MM / DD/ Y	YYY				
S	chedule I: `	Your Inco	ome							12/15		
spo atta	use. If you are sep ch a separate shee tt 1: Describe	arated and you et to this form. (e Employment	are married and not filir r spouse is not filing wi On the top of any addition	th you, do not include	informati	on abo	out your spo	ouse. If m	ore space is ne	eded,		
1.	Fill in your emploinformation.	oyment		Debtor 1			Debtor 2 or non-filing spouse					
	If you have more attach a separate information about	e page with	Employment status	■ Employed		■ Employed						
			Employment status	☐ Not employed		☐ Not employed						
	employers.		Occupation	Firefighter	Sales Associate							
	Include part-time, self-employed wor		Employer's name	City of Philadelphi		Ashley Furniture						
	Occupation may in or homemaker, if i		Employer's address									
			How long employed the	here? 13 Years								
Par	rt 2: Give Det	tails About Mon	thly Income									
	mate monthly inco		ate you file this form. If y	you have nothing to repo	ort for any	line, wı	rite \$0 in the	space. In	iclude your non-f	iling		
If yo	ou or your non-filing : e space, attach a se	spouse have mo	re than one employer, co	ombine the information fo	or all empl	oyers f	or that perso	on on the I	lines below. If yo	u need		
						For D	Debtor 1		ebtor 2 or ling spouse			
2.		List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2.					6,976.67	\$	2,032.66			
3.	Estimate and list	monthly overti	me pay.		3. +\$		0.00	+\$	0.00			

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6,976.67

2,032.66

4. Calculate gross Income. Add line 2 + line 3.

Deb	tor 1	Joseph M Gissinger	_	C	ase i	number (<i>if kr</i>	own)	20-13	220-A	MC		
			_									
						For Debtor 1			For Debtor 2 or non-filing spouse			
	Con	y line 4 here	4.		\$	6,976	67	\$		032.6		
_		*			Ψ_	0,010		~	,	002.0	_	
5.		all payroll deductions:	_		•			•			_	
	5a.	Tax, Medicare, and Social Security deductions	5a		\$ \$	1,219		\$		297.80	_	
	5b. 5c.	Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5b 5c		^Ф _		5.64	\$		0.00	_	
	5d.	Required repayments of retirement fund loans	5d		\$ —		0.00	\$ 		0.00	_	
	5e.	Insurance	5e		\$ —		3.63	\$ —		0.00	_	
	5f.	Domestic support obligations	5f.		$\mathring{\$}^-$		0.00	\$		0.00	_	
	5g.	Union dues	5g		<u>*</u> —		5.03	\$		0.00		
	5h.	Other deductions. Specify: Life	-		\$			+ \$		0.00	_	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.		\$	1,913	3.50	\$		297.80	 D	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	5,063		\$		734.86		
8.		all other income regularly received:			_	-,,,,,,,,					_	
0.	8a.	Net income from rental property and from operating a business,										
		profession, or farm										
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total										
		monthly net income.	8a	ì.	\$	C	0.00	\$		0.00	0	
	8b.	Interest and dividends	8b).	\$		0.00	\$		0.00		
	8c.	Family support payments that you, a non-filing spouse, or a dependent										
		regularly receive										
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80		\$,	0.00	\$		0.00	n	
	8d.	Unemployment compensation	8d		\$ —		0.00	\$		0.00	_	
	8e.	Social Security	8e		<u>\$</u> —		0.00	\$		0.00	_	
	8f.	Other government assistance that you regularly receive			· —			· —			_	
		Include cash assistance and the value (if known) of any non-cash assistance)									
		that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.										
		Specify:	8f.		\$	C	0.00	\$		0.00	0	
	8g.	Pension or retirement income	8g		\$		0.00	\$		0.00		
	8h.	Other monthly income. Specify:			\$	C	0.00	+ \$		0.00	0	
		<u> </u>	_								_	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	·	C	0.00	\$		0.0	00	
10	Cald	culate monthly income. Add line 7 + line 9.	10.	\$		5,063.17	+ \$	47'	34.86	= \$	6.7	00 02
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Φ_		0,063.17	+ \$_	1,73	94.00	= \$ -	0,7	98.03
4.4			∟									
11.		e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your		and:	nts	vour room	mates	and				
		er friends or relatives.	аорс	JIIGC	,,,,	your room	matoc	, and				
		not include any amounts already included in lines 2-10 or amounts that are not	availa	able	to p	ay expens	es list	ed in Sc				
	Spe	cify:							11.	+\$ _		0.00
12.	Add	the amount in the last column of line 10 to the amount in line 11. The res	ult is	the	com	bined mor	nthly ir	ncome				
	Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it											
	applies									\$	6,7	98.03
									L	Comb	ined	
	_		_							month	nly inc	ome
13.	Do y	you expect an increase or decrease within the year after you file this form	?									
		No.										
		A DC FADIGID. I										

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